

Name  
in  
Full

Eliya Allston

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>still Pond</u> Town		<u>Blknt</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>29</u>	Age <u>93</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birthplace <u>W. El</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband				
Father's Name <u>Ivan Webster</u>	Father's Birthplace <u>U.S.</u>				
Mother's Maiden Name <u>Annie Rhoades</u>	Mother's Birthplace <u>U.S.</u>				
Name of person giving information <u>Sallie Clinton</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary Heart failure. 119 How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W.S. Maxwell,  
still Pond, Md.

Address

Accident or Suicide?

o desso

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

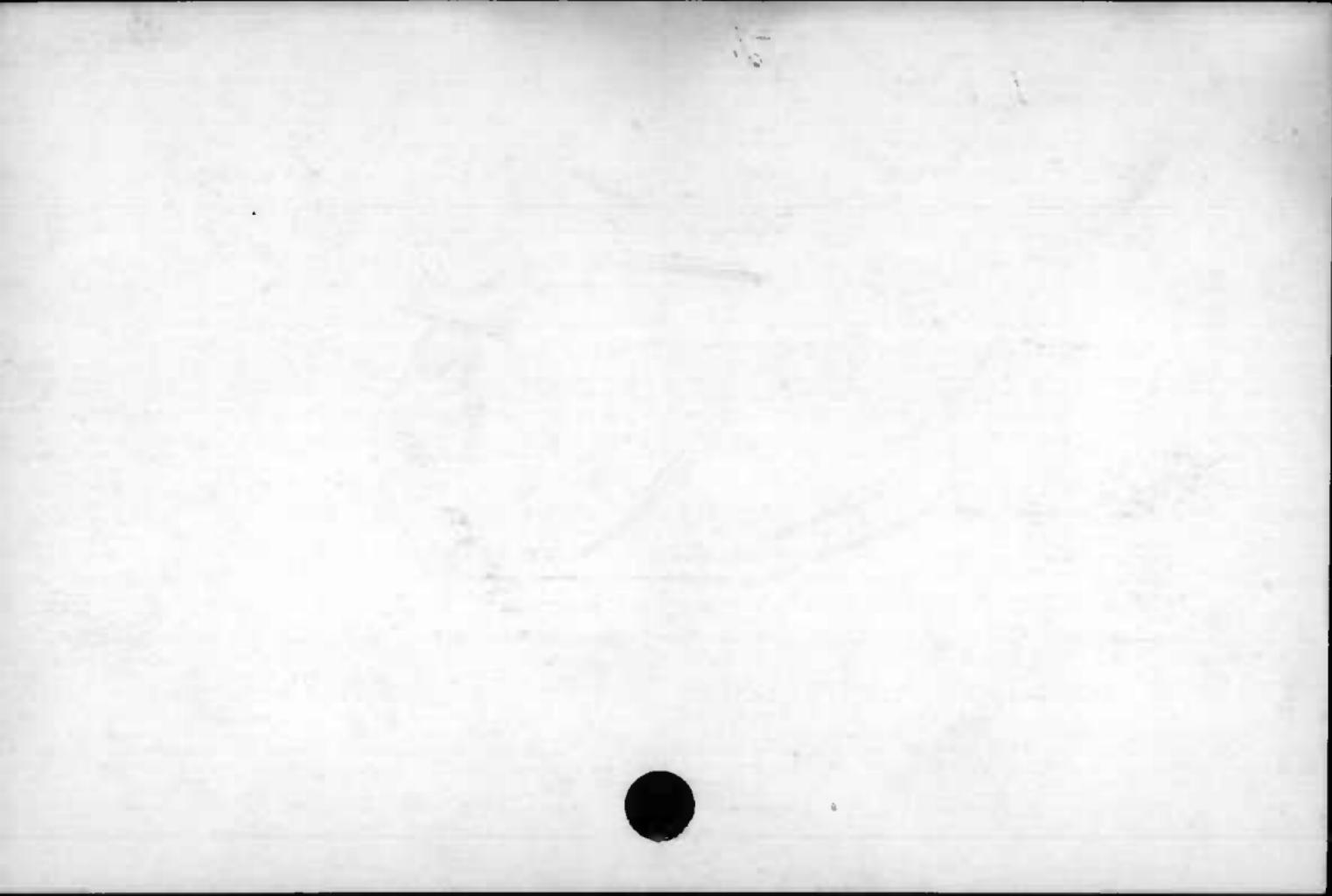
Mary Beck

CERTIFICATE OF DEATH

Died at Piney Neck		Town	Kent County - Od		MARYLAND		
Date of death	19051	Month Dec.	Day 19	Age 75	Years	Months 11	Days 10
Sex	Female	Color or Race	White		Birth-place	Kent Co	
Occupation	House keeper		Where Residing if not at place of death		Place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	Edward Beck		Kent Co		
Father's Name	Henry Webb		Father's Birthplace		Kent Co		
Mother's Maiden Name	Mary Beaton		Mother's Birthplace		Kent Co		
Name of person giving information	James Higgins		How related to deceased		Son-in-Law		

CAUSES OF DEATH

Primary	Heart disease	(No)	How long	2 years
Immediate	Exhaustion	(No)	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Walter O. Selby, M.D.	
		Address	Rock Hall, Md.	
Accident or Suicide?				



Died at		town <u>Melilotu</u>	County <u>Kent</u>		CERTIFICATE OF DEATH		
Date of death	1905	Month <u>Dec</u>	Day <u>18</u>	Age <u>3</u>	Years	Months <u>11</u>	Days
Sex	<u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co. Md.</u>				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband				
Father's Name	<u>L. B. Biggs</u>		Father's Birthplace <u>Kent Co. Md.</u>				
Mother's Maiden Name	<u>Mary Copper</u>		Mother's Birthplace <u>Kent Co. Md.</u>				
Name of person giving Information	<u>L. B. Biggs</u>		How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary

How long

Immediate

Accident, from Fire

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John H. Hessey  
Worthington Md.

Accident or Suicide?

Union Cemetery at Weston  
Geo H. Soddy

Name  
in  
Full

Henry Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bettison

Town

County

MARYLAND

Date of death 1905

Month Dec

Day 25

Years 1

Months 11

Days

Sex male

Color or Race

Black

Birth-place

md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Joshua Brown

Father's Birthplace

md

Mother's Maiden Name

Ella Stewart

Mother's Birthplace

md

Name of person giving  
Information

How related  
to deceased

mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

63

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

L. P. Adwell  
Still Pond  
Md.

Accident or Suicide?

Union church

Name  
in  
Full

Mary A. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Still Pond</u> Town		<u>Kent</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>21</u>	Years <u>29</u>	Months <u>2</u>	Days <u>1</u>
Sex <u>female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>George Brown</u>	Father's Birthplace <u>Md</u>			
Father's Name <u>James Wilmer</u>	Mother's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Ellen Wright</u>	How related to deceased <u>Brother</u>				
Name of person giving information <u>Edward Wilmer</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bright's Disease 120 How long  
Immediate " " How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. P. Atwell M.D.  
Still Pond  
Md

Accident or Suicide?

Mountain church

Name  
in  
Full

Stephene Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec	Day 14	Years 70	Months	Days
Sex	Male	Color or Race	Colored		Birth-place	Kent Co.
Occupation	Farm Laborer		Where Residing if not at place of death		at home	
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Wm Brown				Father's Birthplace	Kent Co.
Mother's Maiden Name	Mary Tadde				Mother's Birthplace	Kent Co.
Name of person giving Information	George Martin				How related to deceased	

CAUSES OF DEATH

Primary

Heart failure

How long

2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

G P Gowan M.D.

Address

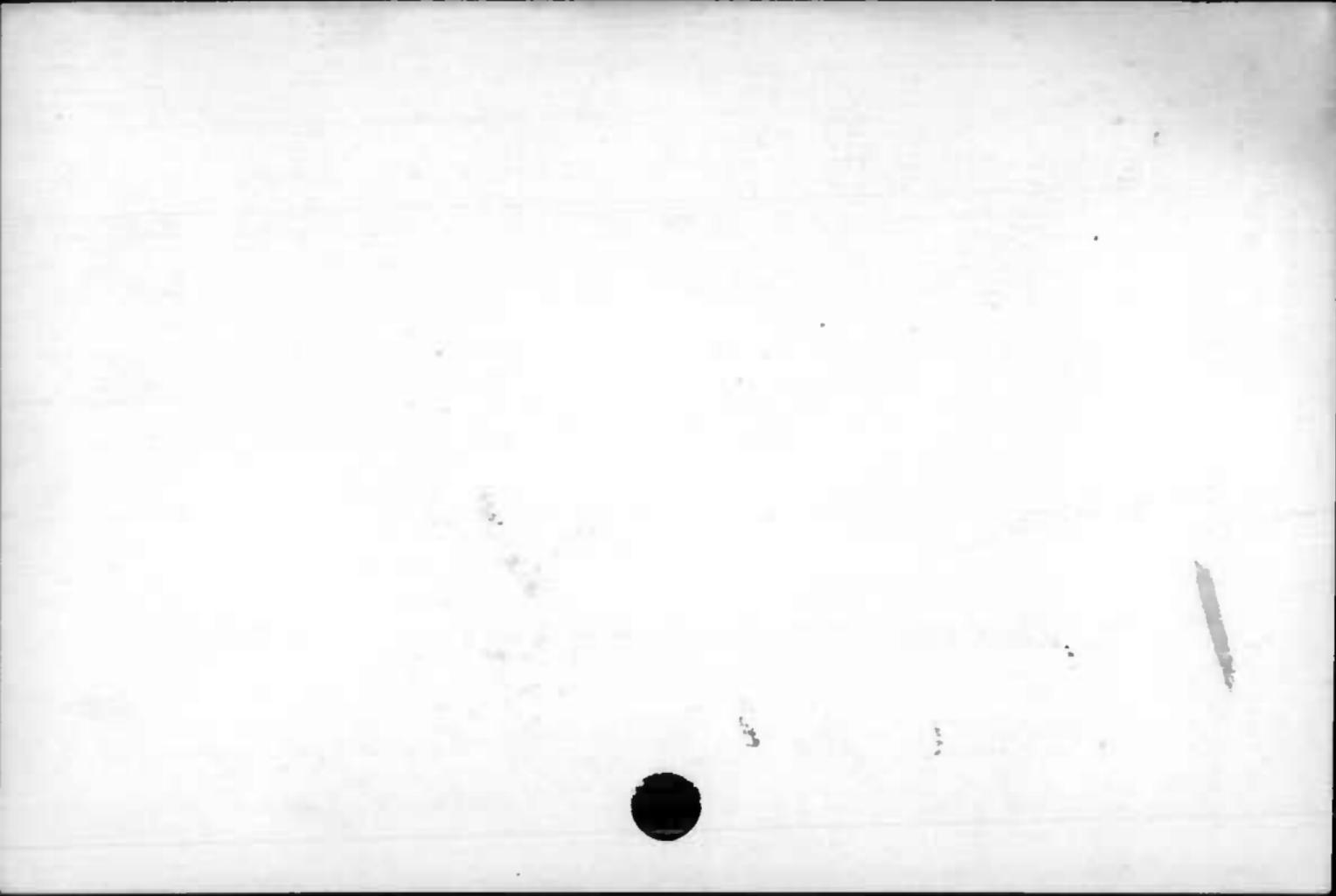
Willington  
Md.

PHYSICIAN  
OR CORONER

Rev G Townsend

Accident or Suicide?

as coroner



Name  
in  
Full

William Alexander Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

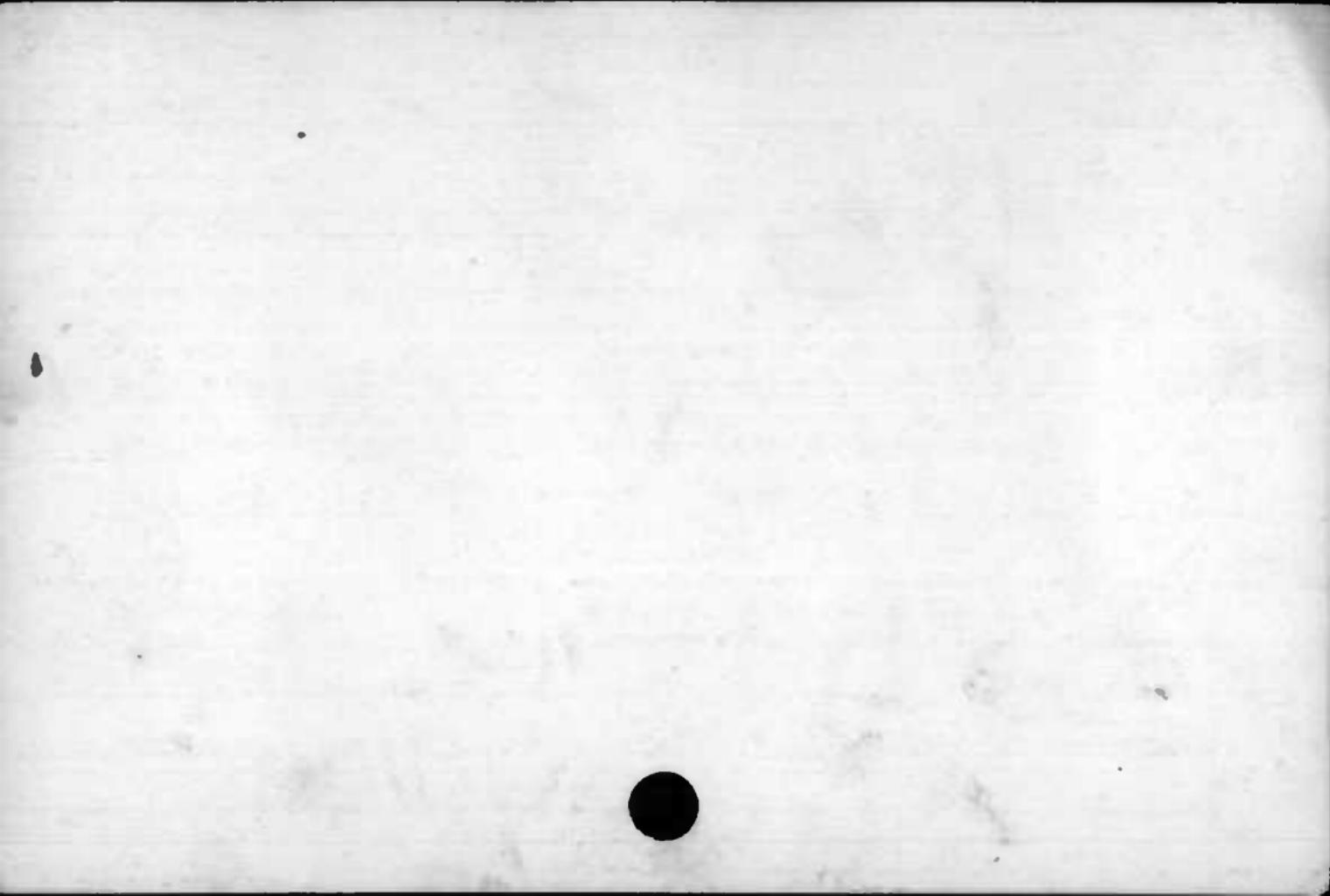
Town	County	MARYLAND		
Died at Edeeville	Kent			
Date of death 1905 Dec.	Month	Day 17	Years	Months 11
Sex Male	Color or Race Black	Birth-place Maryland		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name Lewin Brown	Father's Birthplace Maryland			
Mother's Maiden Name Matilda Smallwood	Mother's Birthplace Maryland			
Name of person giving information Father	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Catahlt Bronchitis		How long 1 month
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician S B Wellson	
		Address Edeeville P.O.	
Accident or Suicide?	Kent Co. Md.		

90



Name  
in  
Full

Frank Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Color	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Hannah Snowden		
Father's Name	Frank Carroll				
Mother's Maiden Name	Belle Jane (?)				
Name of person giving information	Hannah Carroll				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	apoplexy		How long immediate
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address	H. G. Simpkins Chestertown
Accident or Suicide?	No		

264

Name  
in  
Full

Georgette Bevin Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	town Still Pond	County Kent	MARYLAND		
Date of death	Month Dec	Day 16	Years 40	Months —	Days —
Sex	female	Color or Race White	Birth-place Md	Wife	
Occupation	Housewife		Where Residing if not at place of death —	—	
Married, Single or Widowed	married	Name of Wife or Husband Jos S. Clarke	—		
Father's Name	James Bather		Father's Birthplace Md	—	
Mother's Maiden Name	Rachel Bevin		Mother's Birthplace Md	—	
Name of person giving information	annie C. Maxwell		How related to deceased Sister	—	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease



How long

Immediate

2 years

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W.S. Maxwell.

Address

Still Pond, Md.

Accident or Suicide?

Still Pond

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Caroline Conneygs

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec	Day 20	Years —	Months 4	Days 19
Sex	Female	Color or Race	white	Birth-place	Wilmington	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Caroline Conneygs		Father's Birthplace		Talbot Co Md	
Mother's Maiden Name	Carrie A. Benson		Mother's Birthplace		Wilmington Md	
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart failure

How long

Immediate

yes

How long

Are the name, age, sex, color, date and place correctly given above?

yes

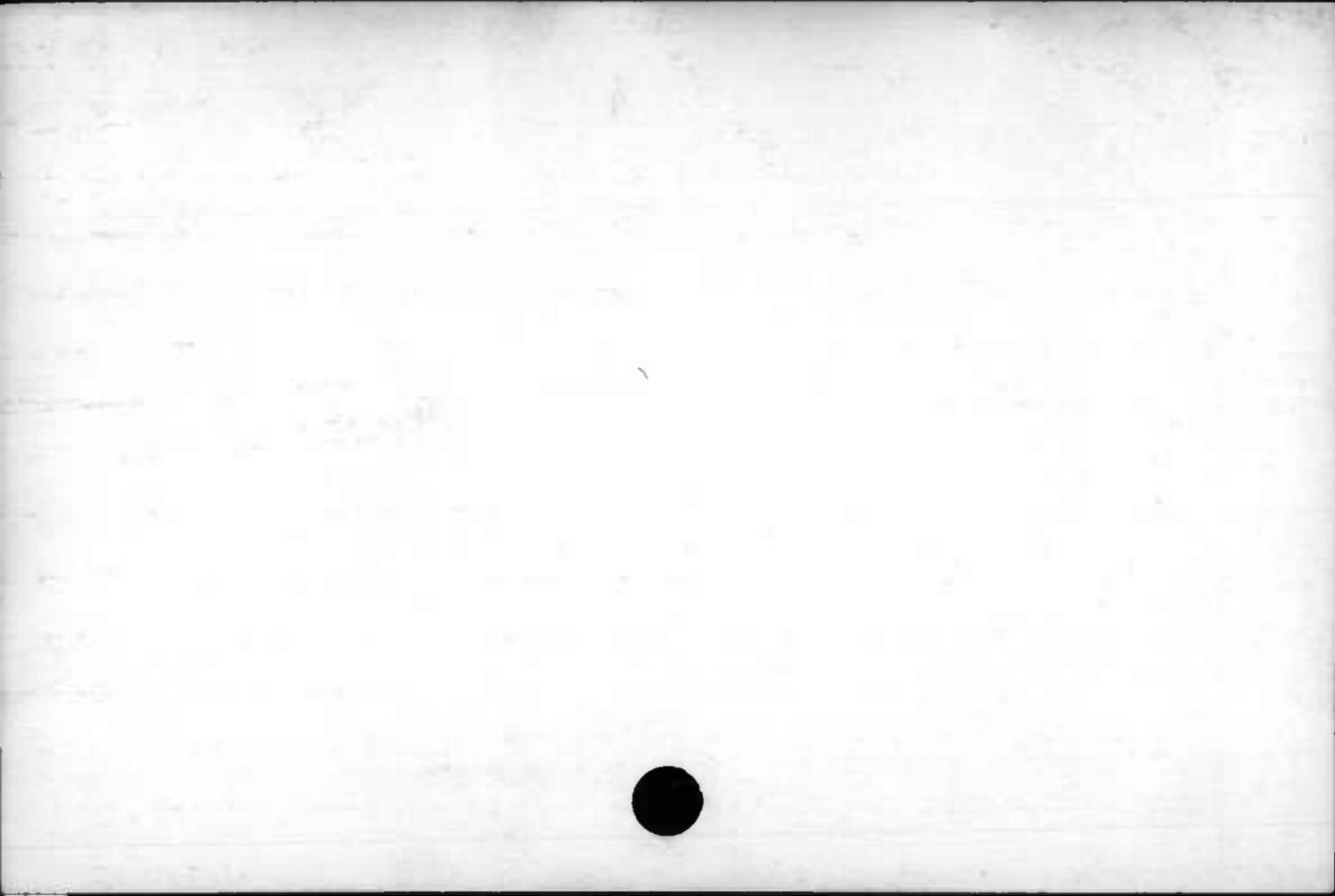
Signature of Physician

Address

H. Conneygs  
Wilmington

Md.

Accident or Suicide?



Name  
in  
Full

Sarah Elizabeth Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Gonzelton	Kent			
Date of death	Month	Day	Years	Months	Days
1905	Dec.	18	Age, 74	8	-
Sex	Color or Race	Birthplace	Kent Co MD		
Female	African				
Occupation	Where Residing if not at place of death				
Housewife					
Married, Single or Widowed	Name of Wife or Husband	Jacob Cooper Jr			
Widow					
Father's Name	Father's Birthplace Kent Co MD				
Mother's Maiden Name	Mother's Birthplace Kent Co MD				
Name of person giving information	How related to deceased Son.				
Social Cooper	31				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Morbus Colarins (3.131)		How long	No. 2
Immediate	Gangrene Appendicea		How long	physician
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank W. Scott	
		Address	Dorlee Md	
Accident or Suicide?	My best.			

Gorge town col  
cemetery

John H. Dodd  
undertaker

Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Chesertown</u> Town		County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>5</u>	Age <u>87</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
Father's Name				Mother's Birthplace	
Mother's Maiden Name				How related to deceased	
Name of person giving Information					

CAUSES OF DEATH

Primary

Cardiac Paresis -

How long

Immediate

Pulmonary Congestion + Edema

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. L. Dodge

Chesertown - Md

Accident or Suicide?

Chester Cemetery  
John N. Dodd  
Undertaker

Dealie C. Crossley

## CERTIFICATE OF DEATH

Died at <u>Lynch</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>27</u>	Age <u>82</u>	Years	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>			Birth-place <u>U. S.</u>		
Occupation <u>Postmistress</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband					
Father's Name <u>Washington Wilson</u>				Father's Birthplace <u>U. S.</u>		
Mother's Maiden Name <u>Elizabeth Wilson</u>				Mother's Birthplace <u>U. S.</u>		
Name of person giving Information <u>Is. W. Crossley</u>						How related to deceased <u>sone</u>

## CAUSES OF DEATH

Primary <u>Heart failure.</u>	179	How long
Immediate <u>"</u>		How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Wm. S. Maxwell,  
Still Pond, Md.

Accident or Suicide?

Still Concl.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harvey Dorsey

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male.	Color or Race	Black.	Birth-place	De K	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		De K			
Father's Name	De K					
Mother's Maiden Name	De K					
Name of person giving information	De K					

CAUSES OF DEATH

Primary

Brux, Paralytic

(6)

How long

7 yrs

Immediate

Electric

How long

3 m

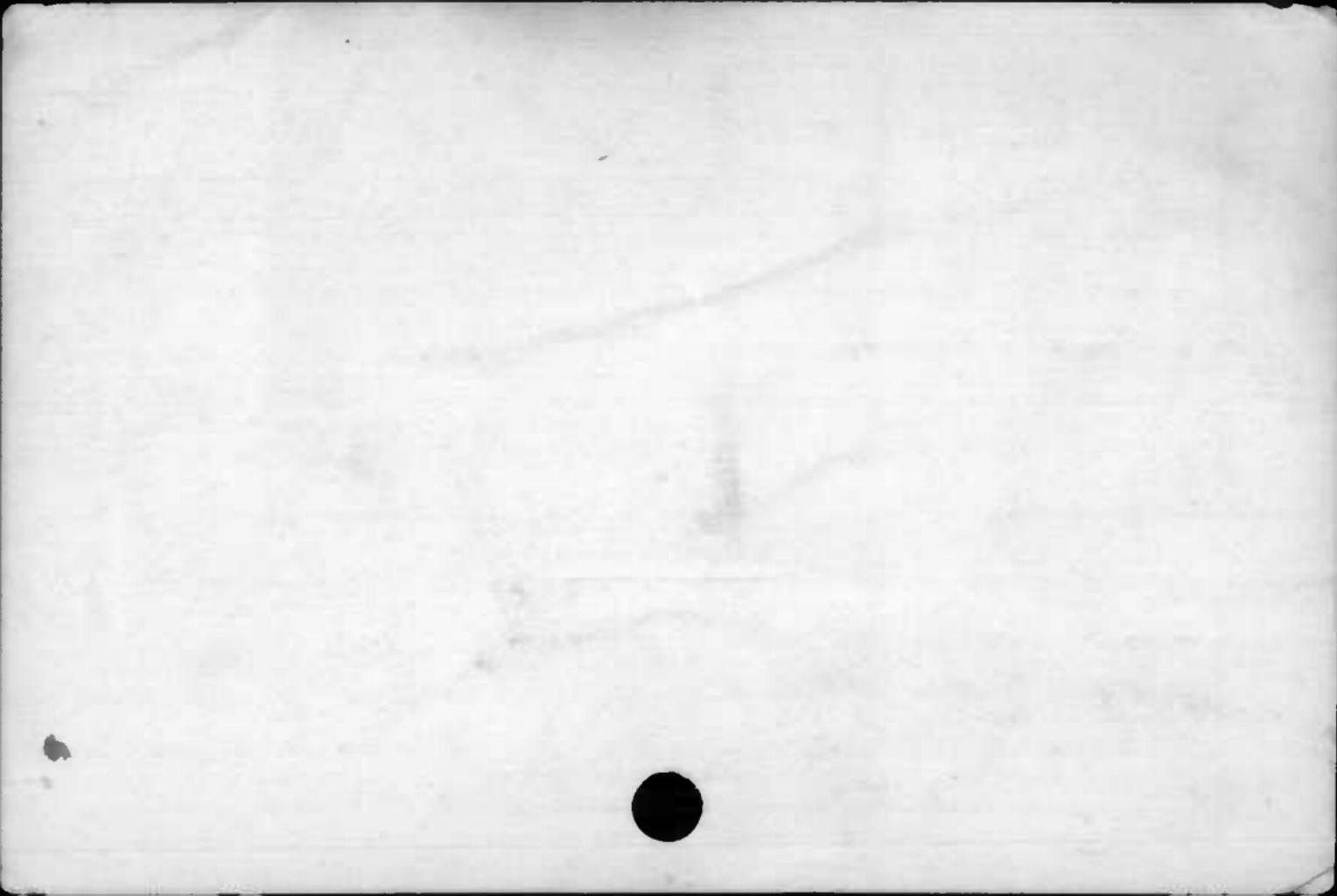
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Cornwalland Rd,  
Chesterfield Md

Accident or Suicide?



Name  
in  
Full

George V. Hackett.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at <u>Big woods</u>	<u>St. Mary's</u>				
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>20</u>	Years <u>2</u>	Months <u>7</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>7 Md.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Big woods</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>George Hackett</u>	Father's Birthplace <u>7 Md.</u>				
Mother's Maiden Name <u>Victoria Young</u>	Mother's Birthplace <u>7 Md.</u>				
Name of person giving information <u>Samuel C. Hackett</u>	How related to deceased <u>uncle</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Phthisis

How long

one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. J. Parwick  
Hyndsville  
Md.

Accident or Suicide?

Benton Church

Name  
in  
Full

Frank. Hopkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Julia Hopkins		
Father's Name	Dab. Tim			
Mother's Maiden Name	Sarah C. Gains			
Name of person giving information	✓			

✓ Father's Birthplace don't know.  
Mother's Birthplace Kent Co Md  
How related to deceased ✓

PHYSICIAN  
OR CORONER

CAUSES OF DEATH			
Primary	Bright's Disease	64	How long
Immediate	Apoplexy	yr.	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
✓ Accident or Suicide?		O.W. Whaland M.D. Reisterstown Md	

J. E. Ferguson  
Chestertown  
Col Leawing

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Benjamin Jones

CERTIFICATE OF DEATH

Died at <u>Buttersdown</u> Town		<u>Kent</u> County		MARYLAND			
Date of death <u>190</u>	Month <u>Dec 2</u>	Day <u>26</u>	Age <u>58</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Colored</u>				Birth-place <u>W. C.</u>		
Occupation <u>Labor</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lizzie Jones</u>				Father's Birthplace		
Father's Name						Mother's Birthplace	
Mother's Maiden Name						How related to deceased	
Name of person giving information <u>Wife</u>							

CAUSES OF DEATH

Primary	<u>Natural cause</u>	How long <u>Several hours</u>
Immediate		How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Robt. Moffett Lsr.</u>
		Address 
Accident or Suicide?	<u>No</u>	

PHYSICIAN  
OR CORONER

Bullerian  
J 84

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Lucas (M.M.)

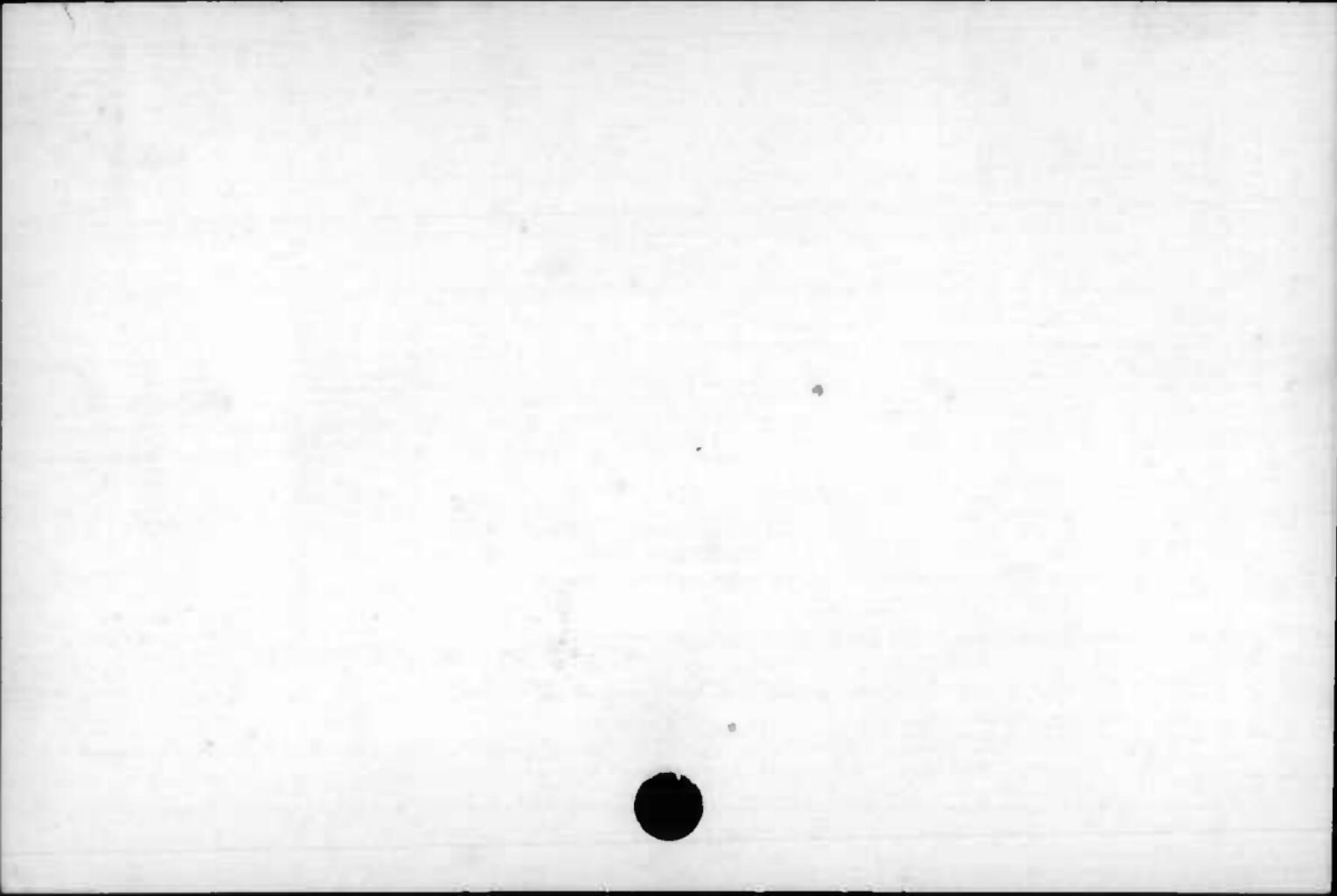
MARYLAND

Died at		Town	County			
Date of death	1905	Month Dec	Day	Years	Months	Days
Sex	Female	Color or Race	Age still born		Birth-place	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Mr James H. Lucas		Father's Birthplace		Caroline co
Mother's Maiden Name		Mary Flurlock		Mother's Birthplace		Kent co
Name of person giving information		Brother J. H. Lucas		How related to deceased		Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still born	S.	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. W. Whaland
		Address	Chestertown Md.
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

Louis Mc Coskey

CERTIFICATE OF DEATH

MARYLAND

Died at

Town  
Rock Hall

County  
Kent Co.

Date  
of death

1905

Month  
Dec.

Day  
24

Years  
27

Age

Months  
7

Days  
—

Sex

Male

Color or  
Race

White

Birth-  
place

7

White

Occupation

Oysterman

Where Residing if not  
at place of death

Kent Co.  
Rock Hall, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Lamee Mc Coskey

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Margaret O'neill

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Frank Mc Coskey

How related  
to deceased

Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disease

How long

8 months

Immediate

Exhaustion

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

YES

Signature of  
Physician

Steller O. Selby, M.D.

Address

Rock Hall, Kent Co. Md.

Accident or Suicide?



Name  
in  
Full

George C. Munch

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>Worton</b>		Town		County <b>Kent</b>		MARYLAND	
Date of death <b>1905</b>	Month <b>Dec</b>	Day <b>21</b>	Age <b>18</b>		Years	Months	Days <b>20</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Where Residing if not at place of death		Birth-place <b>Kent Co Md</b>			
Occupation <b>Farm</b>							
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband						
Father's Name <b>Chas H Munch</b>	Father's Birthplace <b>Kent Co Md</b>						
Mother's Maiden Name <b>Katir L. Griner</b>	Mother's Birthplace <b>Kent Co Md</b>						
Name of person giving Information <b>Katir L. Munch</b>	How related to deceased <b>Mother</b>						

CAUSES OF DEATH

Primary

**Accident**

How long

Immediate

**Conussion of Brain**

How long

Are the name, age, sex, color, date and place correctly given above?

Signature  
Physician

Address

**J. H. Hessey**

**Worton Md.**

Accident or Suicide?

Union church.

Name  
in  
Full

Lula Rodney

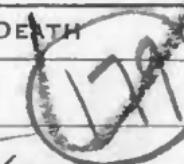
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Broad Neck</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>13</u>	Age	Years	Months	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Kent Co Md</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John W. Rodney</u>						Father's Birthplace <u>Kent Co Md</u>
Mother's Maiden Name <u>Emma Walbert</u>						Mother's Birthplace <u>Kent Co Md</u>
Name of person giving information <u>J W Rodney</u>						How related to deceased <u>Father</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

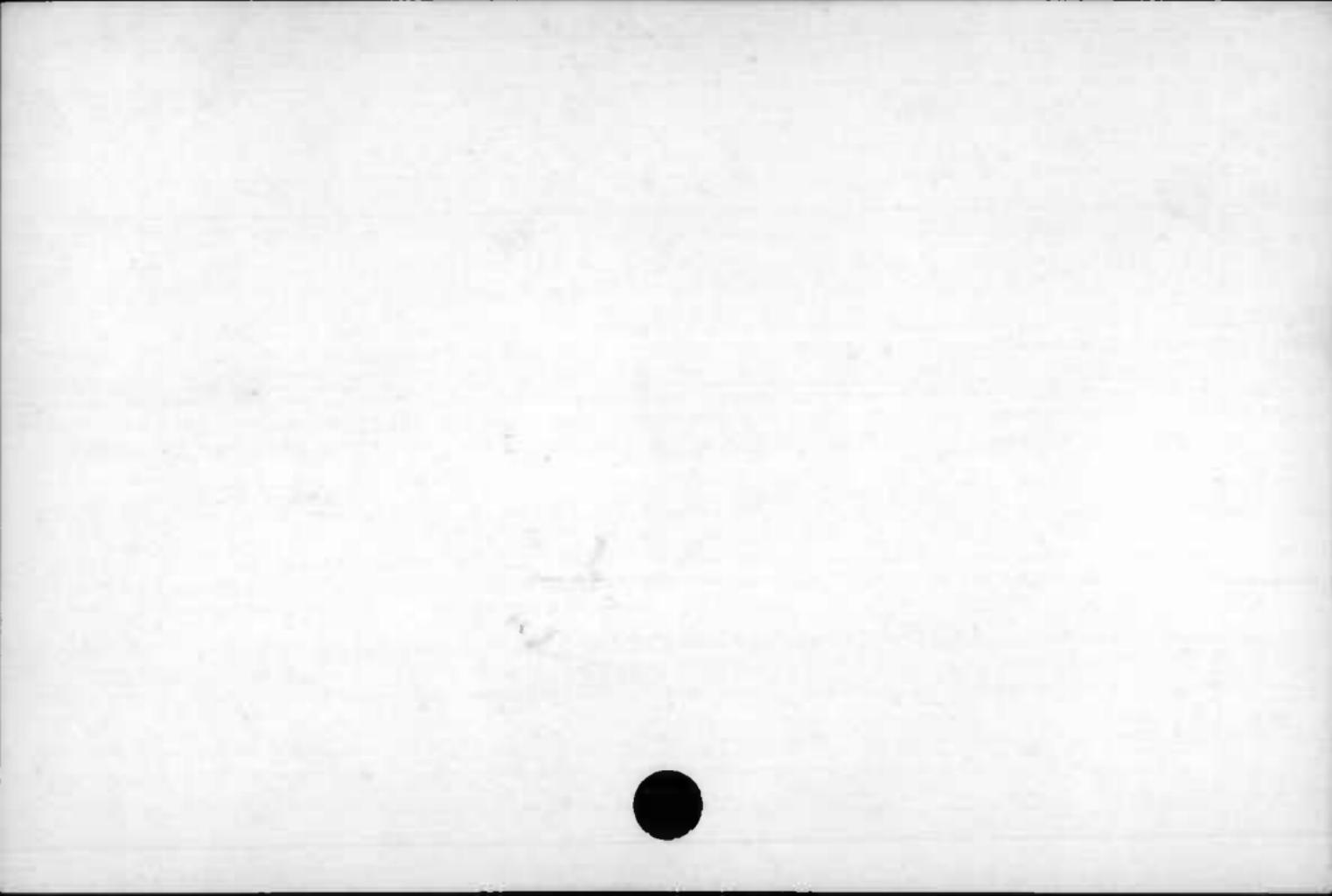
Primary <u>not Known</u>		How long
Immediate <u>no Dr in attendance</u>		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address J. M. Satterfield, Jr.  
Rock Hall Md



Name  
in  
Full

Volleen Lightman

CERTIFICATE OF DEATH

To BE ANSWERED BY

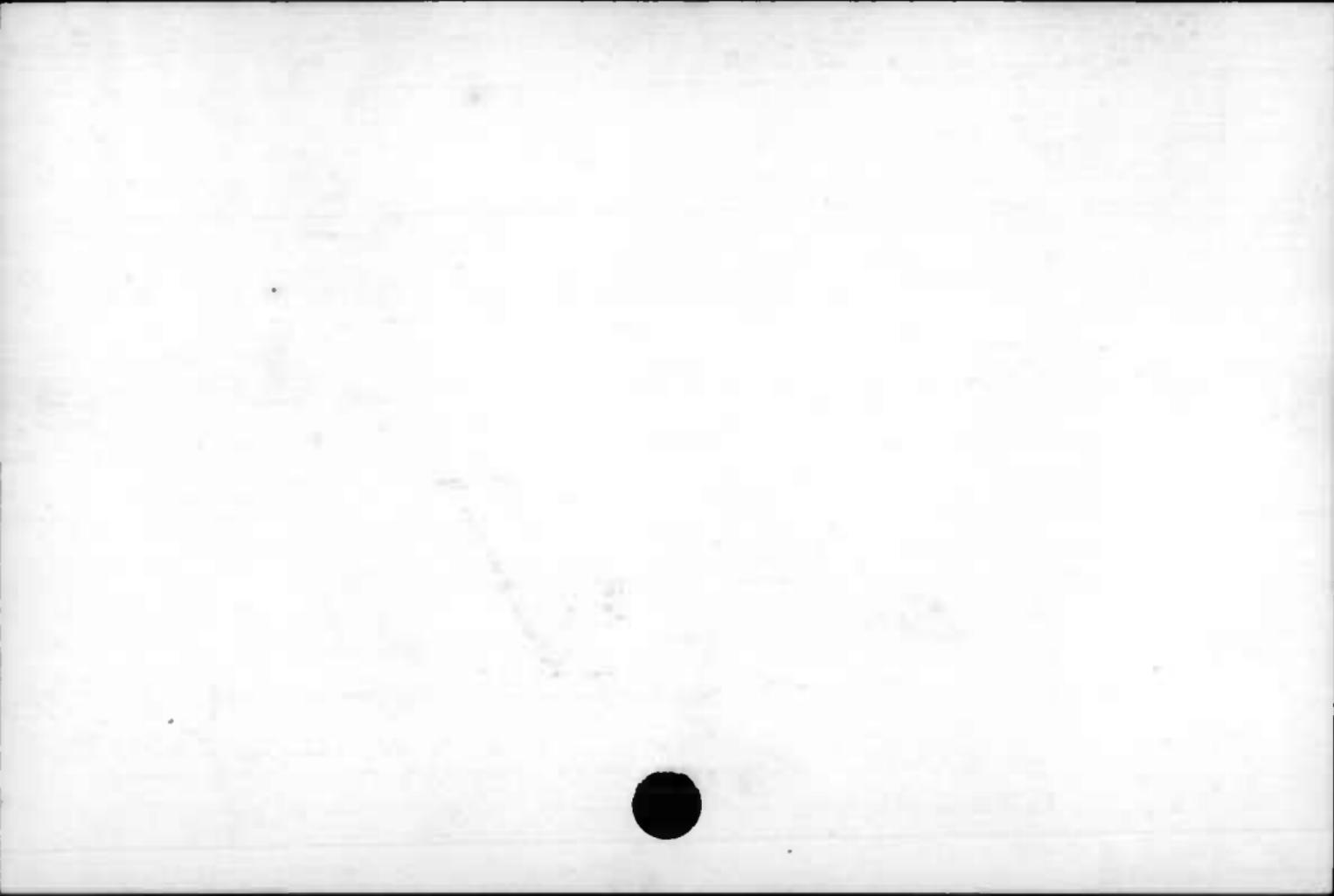
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death		Isaac Lightman		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	—
Mother's Maiden Name				Mother's Birthplace	—
Name of person giving information	Husband			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
aphexy	64
Immediate	How long
Paralysis	six days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	J. H. Lightman
	Address
	Galena Md.
Accident or Suicide?	



Name  
in  
Full

Mary M. Walley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Colerain</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>1</u>	Years <u>43</u>	Age <u>43</u>	Months <u>10</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Black</u>			Birthplace <u>Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Husband <u>John Walley</u>					
Father's Name <u>Perry Brown</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Durant White</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Ellen Brown</u>	How related to deceased <u>Sister</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

103

How long

10 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm. S. Maxwell,  
Stitt Pond, Md.

Address

Accident or Suicide?

Union Church

James Edward Warmaley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
Morgue			7 Cent			
Date of death	Month	Day	Years	Age	Months	Days
1905	Dec	28	68	68		
Sex	Male		Color or Race		Birth-place	
Occupation	Merchant		Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband			
Father's Name	Robt. Warmaley		Father's Birthplace		Md	
Mother's Maiden Name	Henrica Davis		Mother's Birthplace		Md	
Name of person giving information	Robt E Warmaley		How related to deceased		Son	

## CAUSES OF DEATH

Primary

Burned to death in  
store-room

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. G. Simpson

Obstetrician  
Robt. Moffett Cor.

Accident or Suicide?

accident (?)



Name  
in  
Full

Still Born Infant White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Still Pond</u>		Town	County <u>Hunt</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>1</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas White</u>	Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Carrie Johnston</u>	Mother's Birthplace <u>Ind.</u>					
Name of person giving information <u>Thomas White</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still birth.</u>	<u>S.</u>	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W. S. Maxwell  
Still Pond, Md.

Accident or Suicide?

(Still Pond.)

Name  
in  
Full

Harry Wright

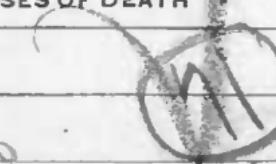
CERTIFICATE OF DEATH

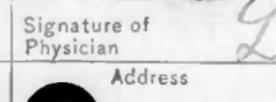
To BE ANSWERED BY  
NEAREST FRIEND

Died at Bettston		Town	Kent County		MARYLAND	
Date of death	1905	Month Dec	Day 12	Years	Months	Days
Sex	Male	Color or Race	Colored	Birthplace	Md	
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Robert Wright					Father's Birthplace
Mother's Maiden Name	Maggie Chambers					Mother's Birthplace
Name of person giving information	Robt Wright					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  How long

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Union church